-	0.2-01-06 PART B - FEE(S) TRANSMITTAL					
JAN 3 1 2006	rm should be used for tran rrespondence including the below or directed otherwise	emitting the ISSI	or .	P.O. Box 1450	or Patents ginia 22313-1450	should be completed where correspondence address as arate "FEE ADDRESS" for
22851 7 DELPHI TECHT M/C 480-410-202 PO BOX 5052 TROY MI 48007 02/02/2006 TBESHAH2 0 01 FC:1501 1400 02 FC:1504 300	CE ADDRESS (Note: Use Block 1 for 590 11/22/2005 NOLOGIES, INC. 10000083 500831 10666	any change of address)		Note: A certificate of Fee(s) Transmittal. The papers. Each addition have its own certificat	mailing can only be used fair certificate cannot be used all paper, such as an assignme of mailing or transmission.  rtificate of Mailing or Transmits being with sufficient postage for fail Stop ISSUE FEE address TO (571) 273-2885, on the	or domestic mailings of the for any other accompanying ent or formal drawing, must
APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
TITLE OF INVENTION: O	CIRCUIT BOARD INTER-C	ONNECTION SY	STEM AND	METHOD		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	)	\$300	\$1700	02/22/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	J	
VU, I	2833	2833 439-876000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  David P. Wood  2  3			
	PRESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion			Γ (print or type) ear on the patent. If an assign for filing an assignment.	nee is identified below, the o	document has been filed for
(A) NAME OF ASSIGN	EE	(B	) RESIDENO	CE: (CITY and STATE OR CO	UNTRY)	
DELPHI TECH	NOLOGIES, INC.			TROY, MICHI	GAN	
Please check the appropriat	e assignee category or catego	ries (will not be pr	inted on the p	oatent): 🔲 Individual 🖼 🖸	orporation or other private gr	oup entity Government
			4b. Payment of Fee(s):			
Issue Fee			A check in the amount of the fee(s) is enclosed.			
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # o	f Copies	<u> </u>	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
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